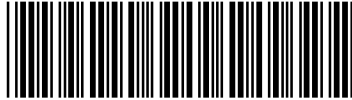


| | | |
|--|--|---|
| <i>Index of Claims</i>  | Application/Control No. 10579097 | Applicant(s)/Patent Under Reexamination AABY ET AL. |
| | Examiner PINKAL CHOKSHI | Art Unit 2425 |

| | | | | | | | |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | | | | | | <input type="checkbox"/> CPA | | | | | | | | | | | <input type="checkbox"/> T.D. | | | | | | | | | | | <input type="checkbox"/> R.1.47 | | | | | | | | | | |
|--|----------|------------|------------|------------|------------|------------|------------|------------|--|--|------------------------------|--|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|
| CLAIM | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final | Original | 01/07/2009 | 04/22/2009 | 10/12/2009 | 01/07/2010 | 05/17/2010 | 10/28/2010 | 03/11/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | ÷ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7 | ÷ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 | ÷ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9 | ÷ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | ÷ | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19 | ÷ | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |